



State of Tennessee
Department of Commerce and Insurance
Regulatory Board Division – Geologist Registration Section
500 James Robertson Parkway, 2nd Floor
Nashville, TN 37243-1139
615-741-3611
Fax: 615-741-5995

APPLICATION FOR REGISTRATION TO PRACTICE AS A GEOLOGIST IN TENNESSEE

Please fill in all the blanks legibly. Your application must be accompanied by a check or money order in the amount of \$115.00 and made payable to the Tennessee Geologists Registration Section. This fee *is non-refundable*.

GENERAL INFORMATION

FULL NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ SSN: _____

E-MAIL ADDRESS (HOME): _____

DATE OF BIRTH: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

CITY/STATE/ZIP: _____

POSITION: _____ HOW LONG? _____

BUSINESS PHONE: _____

E-MAIL ADDRESS (WORK): _____

Have you ever been registered to practice geology in the state of Tennessee? _____

If yes, what was your registration number and when did it expire? _____

PLEASE LIST BELOW SCHOOLS ATTENDED AFTER HIGH SCHOOL, THE YEAR OF GRADUATION, YOUR MAJOR FIELD OF STUDY AND DEGREE RECEIVED. **CERTIFIED TRANSCRIPTS MUST BE INCLUDED WITH THIS APPLICATION BEFORE IT WILL BE CONSIDERED BY THE TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE.**

NAME OF INSTITUTION	DATE OF GRADUATION	MAJOR FIELD OF STUDY	DEGREE RECEIVED

PROFESSIONAL AFFILIATIONS

NOTE: If you have accumulated a minimum of five years **post-baccalaureate** experience in the practice of geology, including years engaged in graduate study (as a vocation), please include an **UPDATED RESUME**, **which includes dates of employment, job titles and job responsibilities**, with this application.

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant